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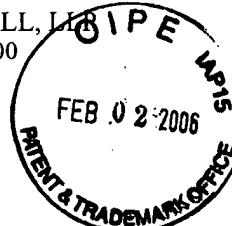
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02/03/2006 SSITHB2 00000024 10828425

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<i>JOANN KUCZYNSKI</i>	(Depositor's name)
<i>Jo Ann Kuczynski</i>	(Signature)
1-31-06	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/828,425	04/20/2004	Gary C. Steingraber	1484-00384	5497

TITLE OF INVENTION: MILKING CLAW TOP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	02/07/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, SON T	3643	119-014540

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**ANDRUS, SCEALES, STARKE & SAWALL, LLP**

2 \_\_\_\_\_  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**Bou-MATIC TECHNOLOGIES CORP.** (B) RESIDENCE: (CITY and STATE OR COUNTRY)

**MADISON, WI**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

Issue Fee  
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number **01-2000** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Michael E. Taken*

Date

**1/31/06**

Typed or printed name

**MICHAEL E. TAKEN**

Registration No. **28,120**

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